

# The Summit Banquet & Conference Room Inquiry Form

Name of Event:

Name of Responsible Party:

Home Phone:

Cell Phone:

Work Phone:

Street Address:

City, State & Zip

Interested Date:

Alternate Date:

Event/Type of Function:

Approximate # of People:

Time Interested In-From/To:

Package Interested In:

How did you hear about us:

Newspaper / Radio / Community Newsletter / Web Site / Other

**Office Use Only:**

Special Consideration:

Dietetic Needs \_\_\_\_\_

Handicap Access \_\_\_\_\_

Return call / Follow up call \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

Booked: Yes / No Deposit Paid \$ \_\_\_\_\_ Type Contract / Send \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Meeting Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time \_\_\_\_\_ AM / PM Date Signed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_